

Pupil Premium Entitlement

We would like to collect information about you and your child. This will help us to provide the best education and support for your child by making sure that if your child is eligible for Pupil Premium, that we receive this funding. Please complete this form and return to school as soon as possible.

ABOUT YOUR CHILD/CHILDREN Child's Full Name	Child's Date of Birth			Class name/or teacher
	DD	MM	YYYY	
	DD	MM	YYYY	

FAMILY INCOME AND BENEFIT DETAILS

Is your joint family income over £16,190 per year? (Please place an X in the appropriate box).

Yes No

If you have ticked yes, you do not need to complete the rest of this section. Please sign and return the form.

If you ticked no, please place an X in this box if you are in receipt of any of the benefits listed below:

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Universal Credit.
- Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
- the guarantee element of State Pension Credit
- Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190
- Working Tax Credit run-on

Please place an X in this box if you are not sure to any of the above.

ADOPTED CHILDREN & CHILDREN IN CARE

Has your child been adopted from care?

Yes No

DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for Local Authority purposes.

Sign (Parent/Carer) _____

Date: _____

Thank you for completing this form which could result in extra funding for your child at school.

We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure.

If you require assistance or an alternative format for this letter, please contact the office who will be able to help.